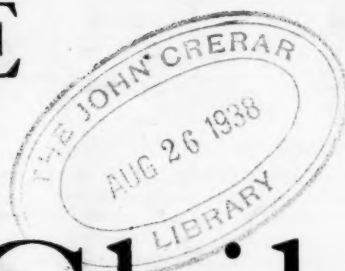


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Monthly News Summary



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THE CHILD — MONTHLY NEWS SUMMARY

Volume 3, Number 1

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CONTENTS

	PAGE
GENERAL CHILD WELFARE	
THE ADVISORY COMMITTEE ON SOCIAL QUESTIONS OF THE LEAGUE OF NATIONS, BY ELSA CASTENDYCK -----	3
GENEVA STANDARDS IN CHILD PLACING, BY CHARLOTTE WHITTON -----	6
NEWS NOTES-----	9
CONSOLIDATION OF DAY NURSERIES ANNOUNCED	
CHILD STUDY ASSOCIATION ANNOUNCES FIFTIETH ANNIVERSARY PROGRAM	
BOOK AND PERIODICAL NOTES -----	9
SOCIAL-SECURITY PROGRAM FOR CHILDREN	
THE SOCIAL PHASES OF THE PROGRAM FOR CRIPPLED CHILDREN'S WORK IN ILLINOIS, BY FLORENCE E. EMERY-----	11
CRIPPLED CHILDREN'S WEEK IN ARIZONA -----	14
MATERNAL, INFANT, AND CHILD HEALTH	
NEWS NOTES-----	15
NEW JERSEY ACT TO PREVENT CONGENITAL SYPHILIS PASSED	
MASSACHUSETTS DEPARTMENT OF HEALTH REPORTS NEW ACTIVITIES	
MAPS SHOWING INFANT AND MATERNAL MORTALITY RATES	
BRITISH OBSTETRICIANS DEFINE PREMATUREITY	
BOOK AND PERIODICAL NOTES -----	15
CHILD LABOR	
THE FAIR-LABOR STANDARDS ACT OF 1938-----	17
READING NOTES -----	18
SOCIALLY HANDICAPPED CHILDREN	
LEGISLATION AND REGULATIONS RELATING TO SEPARATION OF BABIES FROM THEIR MOTHERS-----	19
NEWS AND READING NOTES-----	21
BOOK AND PERIODICAL NOTES -----	22
MAY DAY -- CHILD HEALTH DAY -- IN PICTURES -----	23
CONFERENCE CALENDAR-----	24

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

GENERAL CHILD WELFARE

THE ADVISORY COMMITTEE ON SOCIAL QUESTIONS OF THE LEAGUE OF NATIONS

By ELSA CASTENDYCK, DIRECTOR,
DELINQUENCY DIVISION, U.S. CHILDREN'S BUREAU

The Advisory Committee on Social Questions of the League of Nations held its second meeting in Geneva, Switzerland, from April 21 to May 5, 1938.¹ This group is made up of the former Committee on Traffic in Women and Children and the Child-Welfare Committee, merged by the reorganization effected in 1937. Its function is to advise the Council of the League of Nations on matters within the fields indicated by the titles of the two former committees.

Under the plan of reorganization the number of countries represented on the Committee was increased from 15 to a possible 25. Ireland and Yugoslavia were invited in January 1938 by the Council of the League to fill two of the four vacancies which existed at that time. Nineteen countries including Argentina, Belgium, Canada, China, Denmark, France, Hungary, India, Ireland, Japan, Mexico, Netherlands, Poland, Rumania, Spain, Switzerland, United Kingdom, United States of America, and Yugoslavia sent delegates. Chile, Italy, Turkey, and Uruguay were not represented. Elsa Castendyck represented the United States in the absence of the regular member of the Committee, Katharine F. Lenroot, who was unable to be present. Three experts, nominated by the Committee as advisers in fields of their special experience, also were present: Mme. Vajkai, Save the Children International Union; S. Cohen, Jewish Association for Protection of Girls, Women, and Children; and Dr. T. Kemp, Director of the University Institute for Human Genetics, Copenhagen.

Dr. Estrid Hein of Denmark, who was elected in 1937 to a 2-year term as chairman, presided at this meeting. M.H. de Bie of the Netherlands was elected vice chairman, replacing M. Yokoyama of Japan, who was not present at this meeting. Mr. S.W. Harris, the delegate from the United Kingdom, was elected rapporteur for the framing of a report on the Committee's activities. Major Gerald H.F. Abraham, as Acting Director of the Social-Questions Section, replaced Dr. Eric Einar Ekstrand, Director, who was unable to attend due to official obligations in South America.

The Committee displayed an active interest in the section of the director's report which summarized the work of the Information Center. This center collects copies of new laws and administrative measures on child welfare, the more important of which are published in its Legislative and Administrative Series of documents. It is also responsible for the summary of annual reports on child welfare submitted by the various governments and for the collection and classification of documentary material from voluntary organizations concerned with child welfare. It furnishes information on the request of governments, private individuals, and organizations on matters pertaining to the field of child welfare. The Committee noted with much interest that annual reports on child welfare had been received from 38 countries up to March 31, 1938.

The director's report included information on the progress made in preparation for the proposed publication of a review of social questions. This matter was considered at the 1937 session of the

¹The report of the first meeting, held in 1937, is to be found in *The Child*, September 1937, pp. 51-53.

Committee and by the League Assembly. The Committee was in general agreement that a publication of this sort would have great value, as it would include information on the League's work on social questions, particulars of new laws and administrative measures of special interest, special articles written by experts, bibliographies on social questions, and miscellaneous information regarding the work of voluntary organizations. If the necessary financial support is forthcoming, the review will be undertaken with publication in the two official languages of the League--French and English.

The report of the liaison officer with the Health Organization contained interesting information regarding the work done by this organization to improve public health in rural areas. A conference on rural hygiene for American countries, similar to the European Rural Hygiene Conference of 1931, is to be held in Mexico in November 1938, and a new conference for European countries, to be known as the European Conference on Rural Life, will be held in 1939. The report indicated the comprehensive nature of the subjects to be covered in these conferences.

The liaison officer with the International Labor Office reported on interesting developments with regard to the work done by that organization in the raising of the minimum age of children for employment and in the field of leisure-time activities. The International Labor Office has continued its study of the question of protection of children in agriculture, with a view to submitting a full report at a later date, and has placed the subject of technical and vocational education and apprenticeship on the agenda for the June session of the International Labor Conference.

In response to the numerous questions put by the delegates to the liaison officer of the International Labor Office, he said that his organization issued periodical statistics which showed that there had been a real decrease in unemployment, including that of young persons, during the previous 18 months. Among the one or two exceptions to this, the most striking was the United States of America, which showed an increase during the past few months.

The items considered by the Committee included reports of studies relating to the placement of children in families; children of illegitimate birth; the rehabilitation of adult

prostitutes, and traffic in women and children; the recreational aspects of the cinema; and the protection and care of children in time of war.

Charlotte Whitton, the delegate of Canada, submitted the report of the study of methods of placing children in family homes (see page 6).

The delegate of the Netherlands--M. de Bie--as rapporteur of a subcommittee that studied the position of the illegitimate child, reported on the data assembled, in accordance with the Committee's decision at its last session. These data deal primarily with the legal position of the child of illegitimate birth. The subcommittee, consisting of the representatives of Canada, France, Netherlands, Poland, Switzerland, the United Kingdom, and the United States, augmented by experts, plans to continue the study, particularly on those points having to do with social questions.

The Advisory Committee has regarded the development of the cinema as a subject of social significance but recognizes that it is still difficult to estimate its effect on the outlook of young and old alike. The Committee discussed some of the problems involved in censorship, the selection of suitable films for children, and the constructive efforts of various countries in these areas. The Committee authorized the publication of a report of the work undertaken up to this point.

With the reorganization of the Advisory Committee, all questions relating to traffic in women and children and obscene publications have been referred to a standing subcommittee. This subcommittee, which met for the first time this year, is composed of the representatives of Argentina, China, France, Mexico, Netherlands, Poland, Spain, and the United Kingdom. Its report indicated continuing progress in international legislation relating to traffic in women and children and obscene publications.

A study of the measures involved in the rehabilitation of adult prostitutes has been in progress for several years. The Committee noted with interest that the first part of the report on the study has been published.² It deals with social services incidental to the treatment of venereal disease. The second and third parts, relating to antecedents of prostitutes and measures for their

²Documents C.6.M.5. 1938. IV.

rehabilitation, is now in preparation and, it is expected, will be published before the next meeting of the Committee.

In view of the difficult situations in the war-ridden countries, the action of the Committee regarding the Declaration of Geneva is of particular interest. This declaration, adopted by the Assembly of the League in 1924 at its fifth session and reaffirmed in 1934 at its fifteenth session, is as follows:

By the present Declaration of the Rights of the Child, commonly known as the "Declaration of Geneva," the men and women of all nations, recognizing that mankind owes to the child the best that it has to give, declare and accept it as their duty that, beyond and above all considerations of race, nationality, or creed:

I. The child must be given the means requisite for its normal development, both materially and spiritually;

II. The child that is hungry must be fed; the child that is sick must be helped; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succored;

III. The child must be the first to receive relief in times of distress;

IV. The child must be put in a position to earn a livelihood and must be protected against every form of exploitation;

V. The child must be brought up in the consciousness that its talents must be devoted to the service of its fellow-men.

At the suggestion of Miss Whitton of Canada the Committee unanimously adopted a resolution to reaffirm this declaration.

Although the question of protection of children in time of war was not on the agenda, the question was regarded by several members as a matter of special urgency. The Spanish delegate reported on recent experiences of the effect of war on children in her country, as did the delegate of China. A proposal was made that the Committee approve the creation in every belligerent country of neutral zones in which children might be brought together, maintained, and provided with necessary medical attention by their respective governments, and where they would be free from bombardment, gas, and other perils of war. This proposal did not meet with unanimous approval. It

was pointed out that such action presented certain handicaps as it did not assure protection for children who could not be separated from their parents. Certain delegates expressed doubt as to whether this plan could be made effective. Although there was apparent agreement throughout the discussion that the protection of children in modern warfare called urgently for a solution, the Committee felt itself handicapped in arriving at any definite conclusion because of the fact that the question had not been on the agenda and consequently many members of the Committee had not had the opportunity of informing themselves on the subject or consulting with their governments.

The future work of the Committee will include new subjects involving: (a) a study of the principles adopted in the organization and administration of welfare work among young persons, (b) the training of persons engaged in social work, and (c) family desertion. In regard to the first of these three studies, the Committee decided to limit its consideration to selected countries among those represented in its membership. An attempt will be made to show the functions of Federal, State, Provincial, and local authorities and those of nonofficial bodies, their financing, and the coordination of their services. It will include considerations of public assistance, public health, protection of children within their own homes, and provisions relating to the treatment of dependent, neglected, delinquent, and mentally and physically handicapped children. The subcommittee charged with directing the study will have the assistance of representatives of the International Labor Office and of the Health Organization.

The training of persons engaged in social work was regarded as a subject of great importance, especially at the present time. The subcommittee proposes to study this subject with the help of representatives of the International Labor Office and the Health Organization of the League, and with the assistance of experts.

With regard to family desertion, the information now available on this subject will be presented to the Committee at its 1939 session by the rapporteur, M. Fella of Rumania.

The next meeting of the Advisory Committee is to take place in Geneva on June 19, 1939.

GENEVA STANDARDS IN CHILD PLACING¹

BY CHARLOTTE WHITTON, EXECUTIVE SECRETARY,
CANADIAN WELFARE COUNCIL, OTTAWA

An unusual piece of international collaboration has just been concluded with the submission to the Advisory Committee on Social Questions of the League of Nations of a world study on child placing in families.

Special interest attaches to the undertaking, not only because of its scope—42 countries were included in the replies examined—but because of the procedure under which it was developed. Originally proposed as a natural line of inquiry following the study of institutional care of delinquent and neglected children, the project was launched by a questionnaire issued in 1935-36. Mme. J. E. Vajkai of Budapest, representative of the International Save the Children Union, acted as rapporteur in the compilation of these returns. In 1936 further development of the study was entrusted to a subcommittee which, in spite of the very broad scope of its work, was able to carry on through correspondence. Charlotte Whitton, the delegate of Canada, was named rapporteur, with Katharine Lenroot, Chief of the United States Children's Bureau and delegate of the United States, and Mme. Vajkai as the other two members. The Committee was empowered to retain technical assistance, and this was supplied, at no cost to the League, by Robert E. Mills, Director of the Toronto (Canada) Children's Aid Society, Elsa Castendyck, Director of the Delinquency Division of the United States Children's Bureau, and Anna Kalet Smith, foreign-language research assistant on the staff of the Children's Bureau.

A plan of study was adopted and Mr. Mills was entrusted with the important task of developing the first two chapters. A new procedure was adopted; namely, the elucidation of an underlying philosophy as an approach to the whole problem and then a discussion of the fundamental principles of child placing itself. Miss Castendyck was given the heavy task of developing the historical summary and critical analysis of the information for the 30 countries selected as typical nations

for detailed study. The study of this background revealed certain characteristics of such marked interest as to call for further detailed treatment, and this chapter was undertaken by the subcommittee as a whole. A special section was devoted to the examination of immigration and colonization as a method of child placing.

These four chapters formed a natural build-up for the fifth chapter—the analytical description of principles and procedures in the organization of child placing against this background of world study. This important chapter also was entrusted to Mr. Mills.

The Canadian and United States collaborators met in Toronto in November and their interim report was drafted. Miss Castendyck, Mme. Vajkai, and Miss Whitton met again in Geneva in April preceding the meeting of the Advisory Committee to prepare the report for submission to the plenary Committee.

As the result of these two conferences a short statement of general conclusions setting forth principles and standards in child placing was prepared as a concluding section of the report.

Meanwhile, through the United States Children's Bureau and the use not only of League documentation but of other works of reference, the detailed reports on the different countries, utilized as the basis of the study, were summarized and submitted to their governments for approval. All but five or six of these had been received and had been approved and returned by the date of the meeting. These summaries will form Part 2 of the final report.

The five chapters forming the main body of the report were the subject of a most interesting discussion at the meeting of the Advisory Committee, in Geneva, April 21 to May 5, and were accepted with remarkable unanimity.

The report promises to be a document of the greatest value in the field of child care and protection, since its conclusions may well serve as a summary of standards of world-wide acceptance in this whole problem of child placing.

¹This material has also been printed in the *Canadian Welfare Summary* for July 1936.

These conclusions are set forth in two sections: Principles and Objectives, and Standards in Administration and Service.

I. PRINCIPLES AND OBJECTIVES.

1. Since the child is the medium through which civilized life is carried on from one generation to the next, his well-being becomes a primary concern of organized society.

2. Society everywhere recognizes the home and family as the natural primary agency for the care, guidance, and control of the child during his years of immaturity and dependence.

3. It is, however, incumbent upon the community to provide such security and protection for the family as will enable it to discharge its responsibilities adequately, and further, to encourage and, if need be, compel it to do so.

4. Therefore, when circumstances threaten the ability of the family to provide satisfactory conditions for the upbringing of the child, the first question to be explored should be the means by which the parents can be assisted in this task of the proper rearing of their children.

The attainment of this objective should be sought in cooperation with the parents and, if possible, without encroaching on parental rights or guardianship. If and when this parental guardianship, in spite of all efforts, still proves inadequate and must be relinquished, the community must assure satisfactory care and guardianship by other means.

5. As a general rule, the community should seek to provide for any child for whom satisfactory conditions cannot be assured in his own family, a family life and background approximating as closely as possible to what his own home should have been.

6. Since, however, in certain circumstances the child's particular needs may call for care of a specialized kind, the community must have at its disposal more formal facilities of the institutional type, as well as facilities for ensuring care in the home.

7. In discharging its obligations towards the child, the community must have as its objective his training and development as a future citizen, rather than his adaptation to any specific type of care.

8. If a child has to be given care away from his own home, all his essential needs must be met as they would be by a good and capable parent. The provision of adequate food, clothing, and shelter is not sufficient. The task is rather one of developing a feeling, thinking, and acting person, equipped for the responsibilities of family life and citizenship. Physical fitness, healthy habits, adaptability to life and people, appreciation of the moral and spiritual values of life, sound judgment, initiative, and thrift are typical of the purposes upon which foster care should concentrate.

II. STANDARDS IN ADMINISTRATION AND SERVICE

In communities where the placing of children in families has become well established, fairly well-defined standards exist in the matter of organization, equipment, and performance. Such a situation offers its own evidence as to the value of public opinion in building up a body of sound legislation and practice in the protection of child life. The education of the general public as to what constitutes good practice in the care and placement of children must therefore be regarded as part of the obligation and service of any child-placing agency. For even while organizations and communities, less favorably situated, may not be able to provide all the services for which provision is made by others which are more highly developed and prosperous, certain general standards may be regarded as applicable to all forms of child welfare. The application of such standards, varying with the resources of the community or organization concerned, depends, ultimately, as already stated, upon the education of the public for their acceptance. These standards may be stated, in general terms, as follows:

1. The competent public authorities, acting in virtue of carefully framed and properly administered laws and regulations, are responsible for ensuring that all children placed in foster homes, whether by individuals or by social agencies, shall have reasonable facilities for promoting their physical and mental health and their social and spiritual and moral development.

2. Child-placing and supervisory services, whether under public or private auspices, should be developed and administered in close relationship with other services for family assistance, public health, and child welfare.

3. The decision to place a child in a foster home should be made only after careful consideration of other forms of welfare that may be available; more particularly the possibilities of assistance in the child's own home. The choice of a particular type of care for any child should not depend on a mere consideration of the minimum cost of ensuring his physical well-being, but rather upon the broader basis of his needs as a growing individual and future citizen. Unless there are definite indications of the child's special need for type of care characteristic of institutional life, normal life in a foster family may be deemed preferable, as constituting a natural substitute for his own home or family life.

4. Agencies responsible for supervision over children placed in foster families should be equipped for the study of children and their needs, the selection of foster homes, the preparation of children before placing, the securing of facilities for their physical and mental health, their moral and spiritual development, and their growth and development as members of society.

5. Persons employed in child placing and supervision, whether full-time or part-time, paid or voluntary workers, should have an understanding of

children and their problems, a knowledge of the resources available for promoting their physical, mental, spiritual, and social development, specific training in their exacting tasks, and sufficient time at their disposal to enable them to serve the children to the very best of their ability.

Where, because of particular circumstances, the personnel of other services may be utilized in the supervision or even the placing of children in foster care, it should not be assumed that their special training in their own field, ipso facto, equips them for the discharge of these other responsibilities of a different nature. In all such cases, the advisability of special instruction, for all such workers, in the essentials of sound child-placing procedures, should be stressed, and such special training given prior to their employment for these duties.

6. The type of foster care selected should be determined by the needs of the child and the extent to which the ties with his own family and kindred can be preserved. For many children, boarding out is the only form of foster-home care that can meet their needs adequately. Such a home does not require complete severance of family ties and permits of close and constant cooperation between the foster parents and the child-placing and supervising agency.

7. The selection from among many acceptable foster homes of the one best suited to meet the individual needs of the particular child is the point at which the science and art of child placing reach their highest level. The promotion of wholesome and happy relationships between the foster parents and the child demands the utmost skill and understanding on the part of the workers in this field.

8. Certain minimum needs are common to all children: Proper and sufficient food for health and growth; adequate shelter; comfortable clothing and medical supervision and care; education and vocational training commensurate with the child's abilities; religious instruction, or such training in moral and spiritual development as may accord with the practice of his family and community. The child must feel a sense of satisfactory relationship as a member of the community or district. To these prerequisites for all children, others must be added in the case of foster children, by reason of their separation from the natural environment of their own families, and the provision of these desiderata becomes an obligation which is shared by the foster family, the organization responsible for placing and supervision, and the community.

9. The community is responsible for providing such facilities for the assistance of foster parents as will enable them to meet the problems incidental to the foster child's adjustment to life in the home, school, and neighborhood.

10. The organization accepting the child for care, placing, and supervision is responsible (1) for seeing that the foster parents know and make use of the general facilities available to

the community in the matter of child welfare and health, and (2) for supplementing these facilities as may be necessary.

11. One of the main purposes of all child-welfare activities being to produce healthy, mature, self-reliant men and women, the child-welfare agency should always bear this in mind when extending its activities:

(a) *Health*.--As a means of ensuring health and vigor, provision should be made for all children in foster homes to be placed under continuous supervision from the point of view of health and medical care, including such corrective treatment as may be necessary. Infants and young children should be under the continuous supervision of qualified physicians and nurses.

(b) *Education*.--Children in foster homes should be accorded the same scholastic and vocational opportunities as the child in an average comparable community. These should include full-time school attendance throughout the term and within the school-attendance age in the community in which he lives, with provision for special study of individual gifts and vocational guidance. The responsible agency should also aim at ensuring suitable secondary and higher education for children whose gifts appear to justify such opportunities, and for preschool children the advantage of attendance at kindergarten, nursery schools, and so forth, when these can be made accessible and are likely to benefit the child. The need for the child's moral and spiritual development must be borne in mind throughout his training and education.

(c) *Recreation*.--Recognizing the importance of recreation and community life in the development of self-reliance and a sense of security, and in providing opportunities for achievement, so essential to satisfactory life, the placing and supervisory organization and the foster parents should aim at ensuring time and facilities for indoor and outdoor play, and other recreational activities suited to the child's particular needs.

(d) *Specialized Service for Problem Cases*.--In addition to these facilities for health, education, and recreation, the agency caring for children in foster families should utilize specialized health, educational, psychological, or psychiatric resources, as need arises, for children who fail to respond sufficiently to presumably satisfactory conditions in the home, school, or neighborhood. In this way educational, social, personality, and behavior difficulties may be anticipated and averted, before reaching an aggravated stage.

(e) *Aftercare and Ultimate Reestablishment*.--As a guarantee, insofar as possible, of this ultimate establishment of the boy or girl as a self-reliant member of the community, the child-caring agency should assure, either

through its own resources or in cooperation with other agencies, adequate supervision, not only during the term of foster care, but, if necessary, continuing until the adolescent boy or girl is reasonably established on a self-supporting basis.

12. It must never be forgotten that the child's natural and normal environment is his own family. His home should be preserved when this can be done without detriment to the child or the community.

The natural bond of affection between the child and his parents may prove a vital force in the reconstruction of the home and family. Except when the complete and permanent separation of the child from his family is advisable, every effort should be made to preserve and strengthen this bond. The child-placing organization should make use of all appropriate resources of the community which might assist in the necessary adjustment of making the child's return to his parental home both possible and safe.

* * * * *

NEWS NOTES

Consolidation of day-nursery associations announced

A new organization, incorporated on May 19, 1938, under the name, National Association of Day Nurseries, Inc., has taken the place of the National Federation of Day Nurseries, Inc., whose work was national in scope, and the Association of Day Nurseries of New York City, Inc., whose interests were confined to the New York City nurseries. This action was taken following the appointment of a joint committee from the boards of the two organizations to plan for future developments and for working out a combined program if possible.

The president of the new association is Mrs. Ernest Frederick Eidlitz of New York City. Mr. C.C. Carstens is acting as chairman of the Consultants Committee, and other committees are being set up. Amy Hostler is the executive secretary, with offices at 122 East Twenty-second St., New York. (*Child Welfare League of America Bulletin*, June 1938.)

Child Study Association announces fiftieth anniversary-program

The fiftieth-anniversary program of the Child Study Association will begin with a 2-day conference, November 14 and 15, 1938, at the Hotel Roosevelt, New York at which other interested agencies will be invited to cooperate with the association in summing up gains made toward a better understanding of childhood and family life during the last half century. On November 16 and 17 a 2-day institute will be held at Child Study headquarters in which professional persons will be invited to take part in group meetings.

Exhibits will be prepared showing the dramatic contrasts between the methods and ideas of 50 years ago and those of today in regard to health, education, recreation, and other aspects of child rearing. (*Announcement of Child Study Association of America*, 221 West Fifty-seventh St., New York.)

BOOK AND PERIODICAL NOTES (General Child Welfare)

SUPPLEMENT TO ANNOTATED BIBLIOGRAPHY OF THE PUBLICATIONS OF THE INSTITUTE OF CHILD WELFARE, 1934-37. Minnesota University Institute of Child Welfare, Minneapolis. June 1937. 40 pp.

This supplement lists the publications of the institute from May 1, 1934, to May 1, 1937, with a few titles of earlier publications and of papers and bulletins not yet in print. Copies of the 1925-34 bibliography as well as of the supplement may be obtained while they last by addressing the Institute of Child Welfare, University of Minnesota, Minneapolis, Minn.

SOCIAL AGENCY BOARDS AND HOW TO MAKE THEM EFFECTIVE, by Clarence King. Harper & Bros., New York. 1938. 102 pp.

This book is addressed to board members of both public and private agencies who do not devote full time to the work and who receive no salaries for it, and to executives who are interested in their usefulness and functions. It deals with such questions as how the board should be organized, how board meetings should be conducted, what should be the relation between the board and its executive and between board members

and the community, what problems are peculiar to public boards and what to private boards, how board members may prepare themselves for service. The value of the book is enhanced by a comprehensive bibliography.

The author is professor of public-welfare administration and community organization at the New York School of Social Work.

THE ADOLESCENT, by Ada Hart Arlitt, Ph.D. McGraw-Hill Book Co., New York. 1938. 242 pp. \$2.

The author of "The Child From One to Twelve" has written another book for parents, discussing the problems of young persons from 12 to 21, in the light of recent research in the field of adolescence. Dr. Arlitt is professor and head of the Department of Child Care and Training, School of Household Administration and Graduate School of Arts and Sciences, University of Cincinnati.

HANDBOOK FOR STATE CONFERENCE SECRETARIES. National Conference of Social Work (82 North High St.), Columbus, Ohio. June 1, 1938. 69 pp. Mimeographed.

During the past 3 years the staff of the National Conference of Social Work has held a series of group meetings with secretaries of State conferences to discuss their problems of organization and administration. There has resulted a mass of

practical information which has been summarized in this handbook. Although the publishers regard it as a preliminary publication, to be modified and improved as better methods are evolved, they hope that it will be found useful to those who are responsible for the administration of State conferences, especially to the secretaries appointed each year to whom their responsibilities are new.

CHILD-WELFARE INFORMATION CENTER. C. 73. M. 28. 1938. IV. League of Nations, Geneva, January 31, 1938. 52 pp.

This summary of the legislative and administrative series of documents of the Child-Welfare Information Center is the first one published by the center and comprises short summaries of the texts distributed between February 10, 1936, and December 31, 1937, with the exception of ministerial instructions for the application of the measures concerned.

The purpose is to provide a convenient table of reference, a guide to the policy followed in certain countries in child-welfare matters, and a means of comparing the methods adopted by various countries in dealing with the same problems.

The texts have been classified according to the subjects with which they deal; in the appendix they are also classified by countries.

The Children's Bureau does not distribute the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

SOCIAL-SECURITY PROGRAM FOR CHILDREN

THE SOCIAL PHASES OF THE PROGRAM FOR CRIPPLED CHILDREN'S WORK IN ILLINOIS¹

BY FLORENCE E. EMERY, ASSISTANT SUPERINTENDENT,
DIVISION FOR HANDICAPPED CHILDREN, DEPARTMENT OF PUBLIC WELFARE,
SPRINGFIELD, ILL.

The medical social worker in a State program of services for crippled children is interested in the broadest concept of child welfare. It is natural, when thinking of care for the crippled child, to stress physical restoration, but education, vocational guidance, and recreation are essential to the full rehabilitation of the handicapped. Therefore, in developing a program for crippled children one must be mindful of the different needs of children over a long period of time. Some of the important points in this program are:

1. Methods of locating crippled children: The scope of facilities to be used in finding them and the techniques to be employed to reach all children in need of care.
2. The question of eligibility.
3. Procedures of intake.
4. Resources and techniques for itinerant clinics.
5. Policies and procedures for hospital admission and discharge.
6. Plans for convalescent care and aftercare.
7. Cooperation with health and welfare groups in case-work treatment of unfavorable social conditions that affect the child's emotional and social adjustment.

Locating Crippled Children

The first step is to locate the crippled children. In Illinois this is being done by a survey of the different counties, made largely by the field nurses.

Letters are sent introducing the nurse to the president of the county medical society and to the county superintendent of schools, also to key people in the community who are in a position to know of crippled children. The field nurse then visits all the schools by districts, with special attention to rural schools, gives to the teachers and pupils a brief explanation of the State program, and asks their assistance in reporting the

names of any children with crippling conditions in their own homes or counties.

It is usual also to interview the physicians in the local community, and to ask their cooperation in reporting crippled children and in referring for examination and treatment those in need of special care. The cases of children already reported in the school survey and known to the doctors are discussed with them.

Contacts are made with hospitals, clinics, welfare agencies, community nurses, judges, probation officers, church groups, parent-teacher associations, and other local groups. By some the program is readily accepted, and by others not—as in the case of any new State program. For the most part the workers have overcome the opposition, and the experience often has been that those most reluctant to accept the project in the beginning participate enthusiastically in the end.

Intake and Eligibility

Although intake is, technically, the admitting of children to care, it can be accomplished only through many other services, which are basic and which must precede the actual admission to clinics and hospitals. Of greatest importance perhaps is the interpretation to the family group of possibilities of medical care in the State program and of the results likely to occur if treatment is postponed or neglected, and the discussion of plans for removing any obstacle to attendance at clinic or to acceptance of care, such as superstitions, fear of doctors and hospitals, transportation difficulties, and economic needs. As a Federal representative has said, "It is easy enough to visit in the home of the child but to assure that child's attendance at clinic and to assure the cooperation of the parents in following the doctor's recommendations, is another matter. Frequently the initial contact in the home or clinic is the point at which the future cooperation of the parents is won or lost."

¹Condensed from a paper read at the Illinois Conference on Social Welfare (Section on Children), Rockford, Ill., October 28, 1937.

Much depends, too, upon the visitor's sympathetic understanding of the whole situation governing the child's care.

Many unsuccessful attempts had been made by community nurse, school teacher, and an interested individual to bring Rachel Jones, a 7-year-old girl, badly disfigured by harelip and cleft palate, to a clinic, and they had concluded that the parents were willfully neglectful of Rachel.

Investigation revealed that the parents, overburdened with the care of their small farm and their eight children, had planned several times to take Rachel to the clinic but had been prevented from going by various things, such as lack of decent clothing; however, they had made up their minds they must get Rachel to the doctor, no matter how they looked. When the nurse showed her sympathetic understanding of the situation and offered to take them to the next clinic in her car and to see that they were brought home again, the mother's worried face lighted with relief. Rachel was examined in the clinic and is scheduled for hospital care.

The State of Illinois at present has no law delegating responsibility for locating crippled children and providing medical care for them. The law covering the care of these children at the Surgical Institute for Children, Research and Educational Hospitals, University of Illinois, limits the State in the use of its funds to children under 16 years of age. However, the attorney general of the State has ruled that there is nothing in the statutes of Illinois to prevent use by the Division for Handicapped Children of the Federal matching funds for children up to 21 years of age. Length of residence in the State does not affect acceptance for care under the State's plan for crippled children.

Ethel Bond, a 16-year-old girl, badly crippled with multiple arthritis, moved to Illinois from Colorado 2 months before the establishment of the Division for Handicapped Children. Her case was reported to the division by the corresponding department in Colorado, where medical treatment was about to be started when she moved away.

Ethel was located through the help of a local worker of the Illinois Emergency Relief Commission, who found Ethel confined to her chair, unable to walk, with knees and elbows stiff and wrists and finger joints swollen. The family, consisting of father, mother, and six children, was living on a farm, the road to which was nearly impassable. The oldest boy was earning \$40 a month as a farm hand. They had no other income but hoped to have a fairly good crop which would keep them through the winter.

The family physician, who had visited Ethel twice, stated that she needed to be in a good hospital where she could have corrective appliances and that he would appreciate assistance from the State Division for Handicapped Children in expediting her admission to a hospital. He had received no fee for his own services.

The worker reported that Ethel's eyes were in bad condition and that she could not read much; that she had no social contacts, as the family was new in the community; and that her only source of entertainment and education was a radio—which had broken down. Nevertheless, Ethel was cheerful and courageous, had faith that she would walk again, and was eager to finish high school and equip herself to make a living.

After receiving this report the field nurse of the division went to see Ethel and was so concerned that she arranged with the main office for an immediate examination. As the clinic in that section of the State had just been held, it was necessary for the field nurse to take Ethel in a car to an orthopedic surgeon in a city 40 miles from her home. Final arrangements will soon be completed for Ethel's admission to the hospital.

In all urgent cases, instead of waiting for the next clinic, arrangements are made for a special examination by one of several surgeons selected by the division to assist in the medical program.

The division functions for indigent crippled children. "Indigent" is interpreted to include children in families of the low-income group and in families whose economic status does not permit them to meet the cost of the highly expensive type of care which is usually required for the treatment of orthopedic conditions.

Setting up the Itinerant Clinic

When a group of children is found who need a clinic, an effort is made to interest the local groups most likely to help in getting a clinic started. Clinics are held in hospitals, schools, churches, libraries, clubs, or in any other available space which will lend itself to a clinic set-up. Great ingenuity is required in some instances to arrange the space for registration, for interviewing the parents, and for examining boys and girls. Child-hygiene nurses, tuberculosis nurses, and local nurses are of great assistance in setting up clinics, procuring equipment, and transporting the children.

The registration interview with the parent, by which the patient is admitted to the clinic, offers an opportunity for the social worker to become

aware of any significant medical or social factors to present to the physician before he proceeds with the examination. Before the parent leaves the clinic, the initial interview is followed by a second one to make sure that the parent has understood the doctor's interpretation of the child's handicap and the recommendations for care. The worker should have brought to her attention any social problems or obstacles to treatment, ascertained by the physician during his examination, before she discusses with the parent the doctor's recommendations.

It is important that the patient and parent leave the clinic with an understanding of the child's condition, the extent of his handicap, the plan of treatment, and the next steps in that plan. It is important that they feel that the effort to take the child to clinic has been worth while, even though the doctor cannot always give an encouraging prognosis. Many patients come to the clinic at great inconvenience because of distance, lack of means of transportation, interruption of work, or other difficulties. The worker has to bear in mind that, because of lack of facilities and funds for immediate treatment at home or in the hospital, there may be a waiting period during which the interest, courage, and patience of the child and his family have to be kept up. In rural communities this interval cannot be bridged by repeated conferences with the clinic adviser, but the local physicians, nurses, and social workers can be of invaluable assistance if the social worker from the State gives them adequate interpretation of the child's condition and the plan of treatment.

Bridging the Gap Between Hospital and Home

When hospital care has been recommended, the distance of the hospital from the child's home often influences the family's acceptance or refusal of hospital care. The need for long-time hospital care (which orthopedic conditions frequently require) is one of the factors (like the fear of surgery) which often influence adversely the parents' attitude toward hospital care. It is hard for parents to make up their minds to a long separation. Some orthopedic conditions necessitate several operations, with intervals during which the child has to remain in the hospital. Tuberculosis of the bones and joints, for which long-time

rest in bed is necessary, sometimes requires from 1 to 2 years in the hospital.

* During this time, every effort should be made to keep the family informed of the child's progress and to encourage the family to write to the child to keep him contented and make him continually conscious of his place in the family. Along with physical changes that are taking place in the child, intellectual and emotional changes are occurring. His family should be kept aware not only of his medical progress but also of his development, so that they will be prepared for these changes and will help in the adjustment that must take place when the child is transferred from institutional routine to family life, perhaps on a farm or in a crowded city home. Experience has shown that a social worker in the hospital can bridge the gap between child and family both while the child is in the hospital and when he returns for further recommendations.

Convalescent Care

The State program provides for convalescent care in institutions and in foster homes, as it is recognized that these offer a more natural atmosphere than the hospital wards, where certain restrictions are necessarily imposed. In the development of the convalescent-care program, it is also recognized that standards must be set up in regard to the selection of convalescent institutions and that foster homes must be carefully chosen and adequately supervised. Plans for foster-home care have not yet been put into operation.

Cooperation With Health and Welfare Groups

In order to plan effectively for the welfare of the crippled child, the medical social worker must have a knowledge of the State laws pertaining to children, of community resources for recreation and employment, and of services of local, State, and Federal agencies. This should mean an intimate knowledge of their policies and practices so that she can coordinate their services and maintain a smooth working relationship.

State laws provide aid in educating crippled children of school age. The State Board of Vocational Rehabilitation aids in securing appliances and in vocational placement of crippled children over 16 years of age. In many instances neither the families nor the local school authorities have

known that financial assistance could be obtained from the State, nor how to apply for it.

The effectiveness of the social-service program depends on the worker's sympathetic understanding of the handicapped child and his family; on her skill in gaining the confidence of patients and in interpreting to them their medical needs and the plan of treatment; on her knowledge of the medical and social factors involved in the treatment of their disabilities; on her ingenuity in utilizing local resources; on her skill in coordinating professional services; and on her personal contacts with staff workers.

The State Division for Handicapped Children may lay the foundation for a child's rehabilitation, point out some of the difficulties in the way, and help the child to a certain extent in other ways, but it must depend on local workers in the child's own community to assist not only in the home adjustment but in offering stimulating opportunities within range of the child's physical and intellectual achievement--opportunities for recreation and for employment. With this assistance boys and girls handicapped by crippling conditions will be able to make the most of the opportunity which the State and Federal Governments have given them.

* * * * *

CRIPPLED CHILDREN'S WEEK IN ARIZONA

The Arizona State Department of Social Security and Welfare conducted an intensive educational campaign on the program for crippled children, April 3-9, with the cooperation of the Rehabilitation Division of the State Department of Vocational Education and of all organizations that include services for crippled children in their welfare programs.

Informational material was prepared in mimeographed form for use during this campaign (Crippled

Children's Week, Arizona State Department of Social Security and Welfare, Phoenix, 1938; no page numbers). Special emphasis is laid on the use of hydrotherapy in the treatment of crippled children. The process of reporting children to the Crippled Children's Division, of diagnosis, and of accepting children for treatment is described, as well as the system of vocational training for crippled children 16 years of age and over. A number of case stories are given.



MATERNAL, INFANT, AND CHILD HEALTH

NEWS NOTES

New Jersey act to prevent congenital syphilis passed

An act to prevent congenital syphilis was approved by the Governor of New Jersey on March 30, 1938 (ch. 41, Laws of 1938). Like the New York law previously described (*The Child*, May 1938, p. 223), the New Jersey law provides for testing the blood of pregnant women for syphilis, and goes into effect on January 1, 1939.

Massachusetts Department of Health reports new activities

The Massachusetts Department of Health devoted its quarterly bulletin *Commonwealth* for Jan.-Feb.-Mar. 1938 (vol. 25, no. 1, 91 pp.) to a discussion of its newer projects and activities. These include new activities in the fields of adult hygiene, communicable diseases, food and drugs, dental hygiene, health education, and tuberculosis.

In his foreword the Commissioner of Public Health calls attention to the new emphasis on practical health education for both children and adults, and to the modern methods of testing

hearing and sight, which are making possible the early detection of defects which may be corrected.

Maps showing infant and maternal mortality rates for 1936 available

Two maps, "Infant Mortality in the United States, 1936," and "Maternal Mortality in the United States, 1936" have been prepared by the Children's Bureau from reports of the Bureau of the Census and are available for distribution (Washington, 1938, size, 8 by 10½ inches). These maps give the mortality rates in each State for 1936 and, by means of shading, show at a glance the comparative standing of the States.

British obstetricians define prematurity

The British College of Obstetricians and Gynecologists has recommended the adoption by maternity institutions and public-health authorities of the definition of prematurity as a birthweight of 5½ pounds (approximately 2,500 grams) or less. Infants of this weight are to be considered either immature or prematurely born, according to the estimated period of gestation. (*Mother and Child* (London), vol. 9, no. 3 (June 1938), p. 87.)

BOOK AND PERIODICAL NOTES (Maternal, Infant, and Child Health)

HOSPITAL INFECTIONS: I, A SURVEY OF THE PROBLEM, by Charles F. McKhann, M.D., Adelbert Steeger, M.D., and Arthur P. Long, M.D. *American Journal of Diseases of Children*, vol. 55, no. 3 (March 1938), pp. 579-599.

A survey of infections arising among the 1,455 patients in an infants' hospital during 1935 and 1936 led to the conclusion that the hospital infections were accomplished through transmission of organisms by hospital personnel or transmission by air. Infants who were malnourished, prematurely born, or defective showed a greater susceptibility to infection than did other children. Length of stay in the hospital appeared to be a factor, more than one-fourth of the children who were in the wards more than 2 weeks acquiring infections.

The use of ultra-violet radiation, separation of patients in cubicles or rooms, and the wearing

of face masks are discussed as means of reducing cross infections.

CONGENITAL SYPHILIS: Part 1, INCIDENCE, TRANSMISSION, AND DIAGNOSIS, by Dorothy V. Whipple, M.D., and Ethel C. Dunham, M.D. *Journal of Pediatrics*, vol. 12, no. 3 (March 1938), pp. 386-398.

Summaries of the more important contributions to the knowledge of congenital syphilis that have appeared in the literature since the publication of the last discussion of the subject in the *Journal of Pediatrics* (vol. 6, p. 262, 1935), are included in this critical review.

Part 2 (to be published) will contain a review of the literature dealing with prevention and treatment of congenital syphilis.

CARE DURING THE RECOVERY PERIOD IN PARALYTIC POLIOMYELITIS, by Henry O. Kendall and Florence P. Kendall. U.S. Public Health Service, Public Health Bulletin No. 242. Washington, April 1936. 92 pp.

The treatment required during the long recovery period that follows an acute attack of infantile paralysis is set forth in this text. Line drawings and photographs are used to show for different groups of muscles the neutral rest position and certain types of exercises, including underwater exercise.

Suggestions are given regarding muscle testing, schedules for the examination of muscles, and suggestions for the protection of muscle groups following recumbency. Types of protective supports used to favor weak muscles are described.

The authors, who are attached to Children's Hospital School, Baltimore, describe the principles and methods which have been evolved in practice during 15 years or more at the Children's Hospital School and which have been accurately tested, checked, and rechecked on actual cases in various stages of convalescence from poliomyelitis. (Ed. note: A 5-reel motion picture showing the work of the Children's Hospital School also has been prepared, and the United States Children's Bureau has copies available for loan to State agencies and professional groups interested in services for crippled children.)

THE VALUE OF THE PREVENTORIUM, by John B. Hawes, 2nd, M.D. *Bulletin of National Tuberculosis Association*, vol. 24, no. 6 (June 1938), pp. 63-85.

The author states that in communities where there are ample bed facilities for clinically sick children, a preventorium for children with positive tuberculin reaction who are contact cases is justified. A check of some 700 children who attended the Prendergast Preventorium in Boston during the decade 1922-32 showed that only one child had died of tuberculosis and that only three of these contact cases had developed clinical tuberculous disease. Of 700 comparable children,

who were also contact cases with a positive tuberculin reaction but who had remained at home under the care of nurses and physicians during the same period, 10 had died of tuberculosis and 40 had developed clinical tuberculous disease.

In addition to providing skilled care not obtainable in foster homes, however excellent, the preventorium serves, Dr. Hawes believes, as an educational institution of importance, not only for the children themselves but for the parents and other members of the family.

THE FIGHT FOR LIFE, by Paul de Kruif. Harcourt, Brace & Co., New York. 342 pp. 1938. \$3.

The dramatic and personal aspects of the fight to save the lives of mothers and infants and of sufferers from infantile paralysis, tuberculosis, and syphilis, as described by Paul de Kruif, cover a substantial portion of the history of medical experimentation and progress in these fields during the past century.

The method of presentation emphasizes those aspects of medical and surgical research and practice that concern not only members of the medical profession but every human individual.

NATIONAL FITNESS; a brief essay on contemporary Britain, edited by F. Le Gros Clark. Macmillan, London. 1938. 222 pp. Price, 6s. net.

A group of five writers discuss the meaning and importance of good nutrition from the point of view of national fitness. Of the 17 chapters, 5 are contributed by MaryL. Gilchrist, M.D., D.P.H., Assistant School Medical Officer, Leyton, and 5 by F. Le Gros Clark. The purpose is to give the reader "a few first principles and frames of reference by means of which he may examine what kind of human stock we are breeding and rearing today" in England.

A chapter on the health of children, by E.H. Wilkins, D.P.H., Assistant School Medical Officer, Birmingham, discusses four general indexes to the state of nutrition of a child: weight, color and quality of the skin, posture and postural defects, and the presence or absence of ailment or disease.



CHILD LABOR

THE FAIR LABOR-STANDARDS ACT OF 1938

The passage of the Fair Labor-Standards bill by both Houses of Congress on June 14 marks not only the attainment of a long-sought goal--a Federal law setting a floor for wages and a ceiling for hours in interstate industries--but for the fourth time in our history it establishes a national minimum standard for child labor.

Based upon the power of Congress to regulate interstate commerce, the act prohibits the shipment in such commerce of goods manufactured contrary to certain minimum labor standards.

Administration of the act is divided between the Children's Bureau, which will enforce the standards relating to the employment of children, and a wage-and-hour division to be established in the Department of Labor under an administrator appointed by the President, by and with the advice and consent of the Senate, to administer the wage-and-hour provisions of the act. The act provides that the staff shall be subject to civil-service regulations.

A minimum wage of 25 cents an hour for the first year and 30 cents for the second year after the act goes into effect is set for all workers, with provision for the further establishment of minimum wages as high as 40 cents an hour through industrial committees on which employers, employees, and the public are represented. Maximum weekly hours are fixed at 44 the first year, 42 the second year, and 40 the third year.

As to child labor, the act establishes a general minimum age of 16 years for employment, and a minimum age of 18 years for boys and girls in occupations found and declared by the Chief of the Children's Bureau to be hazardous or detrimental to their health or well-being. The shipment of goods in interstate or foreign commerce from establishments in which children have been employed contrary to these standards within 30 days prior to the removal of the goods is prohibited. Employers may protect themselves from unwitting violations of the law by obtaining and keeping on file for their minor employees certificates of age which have been issued under regulations established by the Children's Bureau.

The law does not go into effect until 120 days from the date of enactment,¹ thus giving time for the development of plans for its administration and for such adjustment by industry as may be necessary. Definite provision is made for cooperation between the Federal administrative agencies and State and local officials dealing with State labor-law administration. A similar cooperative relationship existed in 1917-18 under the first Federal Child-Labor Law. With the increasing development of services in the States in connection with the administration of child-labor laws, it should be possible now to work out an even greater degree of cooperation with State agencies than at that time.

This marks the second time that the Children's Bureau has been given administration of a Federal measure regulating child labor. The first time was under the Keating-Owen Bill passed by Congress in September 1916 to go into effect a year later. That law prohibited the shipment in interstate or foreign commerce of goods produced in mines, quarries, factories, canneries, or workshops in which children were employed in violation of specified age and hour standards. It was administered by the Children's Bureau from September 1, 1917, to June 3, 1918, when it was declared unconstitutional by the Supreme Court in a 5 to 4 decision.

A second Federal child-labor law, based upon the taxing power of Congress and administered by the Treasury Department, was in operation from April 25, 1919, to May 15, 1922, when it also was declared unconstitutional by the Supreme Court. It was not until 1933 that Federal legislation fixing a national minimum standard for employment of children again came into existence through the industrial codes established under the National Industrial Recovery Act. These codes practically eliminated the employment of children under 16 in industry and trade while they were in effect; that is, until the Supreme Court declared the act unconstitutional in 1935.

¹The measure was signed by the President on June 25 and will therefore go into effect on October 24, 1938. (Public No. 718, 75th Congress.)

The Fair Labor-Standards Act of 1938 should result in preventing the labor of children under 16 in practically all manufacturing industries and should give a much-needed measure of protection to boys and girls of 16 and 17 from the industrial occupations especially hazardous or injurious to their health. The child-labor provisions of this act, however, do not apply to children employed in establishments engaged in strictly intrastate business, such as stores, garages, laundries, restaurants, and beauty parlors. Children engaged in intrastate employment must continue to rely on State legislation for their protection from

employment under substandard conditions. The basic 16-year minimum-age standard set in this Federal act has already been met by 10 States, including several highly important industrial States, and it is confidently believed that one of the most important results of the Fair Labor-Standards Act will be the stimulation of the States to improve further their own State child-labor laws. The passage of this act marks a milestone on the road of progress toward the adequate protection of the children of the Nation from premature or other harmful employment.

READING NOTES

Maryland study by American Youth Commission

"Youth Tell Their Story," by Howard M. Bell (American Council on Education, Washington, 1938, 273 pp.; price, \$1.50) is described in the foreword as one of the major accomplishments of the American Youth Commission to date. This study covers some 13,000 young persons 16 to 24 years of age, inclusive, in Maryland and considers in turn youth and the home, youth and the school, youth at work, youth at play, and youth and the church. The first chapter is devoted to national implications of the Maryland data and the last chapter, to a discussion of the attitudes of the young persons interviewed.

Five in every 10 young persons 16 to 20 years of age who were on the labor market (excluding homemakers, students, and the voluntary idle) were employed on full-time jobs; 1 had some kind of part-time work; and the remaining 4 were unemployed. Of the 16-year-olds who had obtained full-time jobs, about one-fifth had begun work at the age of 15 years or younger.

The summary to the chapter "Youth at Work" suggests three approaches to the employment problems of youth, to be followed concurrently: A program looking toward the general improvement of the social and economic level of all young persons; expansion of existing agencies "to the end that the wasted years between school and employment will become periods of profitable activity"; and the creation of new agencies such as "vocational clinics," especially adapted to serve the

needs of young persons for whom formal school education is no longer desirable

Works Progress Administration research reports

"Effects of the Works Program on Rural Relief" is the subject of Research Monograph XIII recently published by the Works Progress Administration (Washington, 1938, 115 pp.). This report is based on a survey of rural relief cases closed in seven States, July through November 1935, and discloses wide variation among the seven States in the sources of income and types of economic and relief status of the former Emergency Relief Administration cases in December 1935.

The series of research monographs of the Works Progress Administration to date comprises the following titles:

- I. Six Rural Problem Areas, Relief--Resources--Rehabilitation.
- II. Comparative Study of Rural Relief and Non-Relief Households.
- III. The Transient Unemployed.
- IV. Urban Workers on Relief.
- V. Landlord and Tenant on the Cotton Plantation.
- VI. Chronology of the Federal Emergency Relief Administration, May 12, 1933, to December 31, 1935.
- VII. The Migratory-Casual Worker.
- VIII. Farmers on Relief and Rehabilitation.
- IX. Part-Time Farming in the Southeast.
- X. Trends in Relief Expenditures, 1910-1935.
- XI. Rural Youth on Relief.
- XII. Intercity Differences in Costs of Living in March 1935, 59 Cities.

SOCIALLY HANDICAPPED CHILDREN

LEGISLATION AND REGULATIONS RELATING TO SEPARATION OF BABIES FROM THEIR MOTHERS

BY THE STAFF OF THE SOCIAL-SERVICE DIVISION,
UNITED STATES CHILDREN'S BUREAU

During the first two decades of the century many persons were concerned about the high death rate among infants receiving care away from their mothers and the large number of children born out of wedlock that were being separated from their mothers at an early age. The first State to attempt legal control over this situation was Maryland, which in 1916 enacted a law prohibiting the separation of a child under 6 months of age from his mother. Somewhat similar legislation was enacted in North Carolina in 1919, but regulation of the placement of children under 6 months of age rather than separation from the mother was emphasized. South Carolina enacted a law in 1923 that merely provided for notifying the State children's bureau of placements of children under 6 months of age.

The State welfare departments of Minnesota and Wisconsin at about this same time had been given special responsibility for services to unmarried mothers and their children. As part of their protective service for children these departments adopted regulations requiring that children must remain with their mothers for a 3-month nursing period. Minnesota initiated this policy in 1919 and Wisconsin in 1922. This plan had been in operation in Milwaukee since 1919 through the cooperation of health and social agencies.

Although South Carolina was the only one of the five States that specifically limited its regulation to the child born out of wedlock, the practical result of these provisions was a measure of control over early placements of this group of children. One of the most significant results of these regulating measures has been the acceptance by qualified agencies of the policy that no child would be accepted for care away from his mother during the period set forth in such laws or regulations. Recognizing that circumstances might arise which would necessitate separation of an infant from his mother, all these States except South Carolina established procedures whereby the State department, a court, or one or more

physicians might approve care for the child away from his mother. The major emphasis in approving such separation, or in Minnesota and Wisconsin waiving the breast-feeding requirement, has been the health of the mother or infant.

Another situation reported as resulting from the legislation in Maryland was the elimination of baby homes conducted on a commercial basis which had been operating within the State, especially in Baltimore. This situation was not a factor in Minnesota and Wisconsin, as these States had provided other means of control of such homes.

During the last 20 years there has been steady progress in control of infant mortality, resulting in part from more general understanding of proper feeding of young children. During these years also there has been marked increase in knowledge of the forces governing human conduct and in understanding of the need for an individualized approach to each person's social and psychological problems. As a result of these changes many groups concerned with the development of sound social procedures in assisting unmarried mothers have realized the need for reevaluating the laws and regulations affecting the separation of infants and their mothers.

The unmarried mother who wishes to keep her child and who has the understanding support of her family and of the community, does not present any particular problem in regard to regulations pertaining to separation. In all probability she will return to her own home, where she will assume direct care of her child. There are other situations, however, where for social or economic reasons or reasons of health, serious problems arise.

Health Aspects

The laws and regulations to keep the mother and child together represent for the most part efforts to safeguard the health of the child. While pediatricians agree on the advantages of breast feeding, it is generally accepted that

much progress has been made in artificial feeding. If the feeding of the child is prescribed by a physician experienced in the care of children and if health supervision is given by him with the assistance of a public-health nurse, the health hazards to a child separated from his mother become a minor factor.

That the physical condition of the mother or the child might make their remaining together undesirable has been recognized by provision for exemptions from the regulation as to separation or as to breast feeding on the grounds of health needs. The agreement of agencies not to accept children younger than the prescribed age for care (3 or 6 months), if rigidly adhered to, does present some problems as it may interfere seriously with the proper safeguards of the health of a child whose mother is unable or unwilling to give him proper care.

Social Aspects

The major purpose of these laws and regulations was to keep the child with the mother in order to establish ties of affection that would result in the mother's keeping the child permanently. Keeping the mother and baby together, furthermore, provided an opportunity for the mother to adjust herself to the situation and to arrive at a decision as to placement when she was in a more normal physical and emotional condition, thus preventing a hurried and often undesirable placement. Emphasis was placed on every mother's right to her own child and on the child's right to his own blood relatives.

There is little doubt that the formulation of these principles has been a significant step toward more adequate programs for care of the child born out of wedlock and that as a result many children have remained with their own relatives. However, the experience of agencies working with unmarried mothers raises the question whether these results cannot be obtained by methods other than a blanket regulation that allows no opportunity for decisions as to treatment on a case-work basis.

There is question whether personal care by the mother is an essential element of her decision as to retaining responsibility for the child. Placement of the baby in a good boarding home for 6 months or a year may be the best way in which to give the mother time to test her own reactions and

decide what in the long run is wisest for her and for her child. That keeping the baby and mother together does not necessarily result in permanent care by the mother is shown by the experience of maternity homes that require a definite period of residence. Children are often released for placement before the mother leaves the home, or, if the mother is required to take the baby with her, placement may be made immediately afterward. Too frequently such placements are made without consultation of a social agency.

The Mother Who Wishes to Relinquish Her Baby

Among the situations that present special problems in the administration of laws and regulations relating to separation of children from their mothers is that of the mother who wishes to give up her child. This wish may be due to emotional conflict about him, rejection of what his presence means to her, or a personal situation of such a nature that she cannot see her own future in relation to the child. Both social and economic pressures may be involved.

It is, of course, essential that the mother should have time and opportunity to learn how she really feels about her child and to arrive at a decision that is wise for both of them. But the requirement that she remain with the baby for a period of several months subjects her to great emotional strain if she persists in her decision to surrender the child after her affection for him has been stimulated and the child has become a real part of her life.

Some psychiatrists and social workers believe that for the mother to remain with the child, even though this causes pain, is to face reality and that the mother has comfort in knowing that she has tried to give her child a good start in life and has in a measure made atonement. There are others, equally thoughtful, who think that to add to the mother's feeling of guilt by requiring her to remain with the child only increases her conflict and makes her less adequate as an individual. The mother's future relationship to the child is another important consideration. In some instances her feeling of guilt may be so great that she is not able to surrender the child, even though fundamentally she rejects him and never gives him a

mother's care. Under these conditions the child may live in institutions or foster homes until it is too late for placement in an adoptive home. More skillful diagnosis in the beginning might have indicated that the mother needed help to make it possible for her to relinquish the child.

If a mother refuses to accept her child and is indifferent to his welfare, effort to keep them together and refusal to care for the child may result in harm to the baby, who may be subjected by the mother to neglect or to placement with any one who wants him. From the point of view of the community it is costly to support such a mother in a maternity home or a foster home in order to keep her baby with her.

Studies are needed of the factors that enter into decisions of mothers to relinquish their children. Such studies should take into consideration both the motives and the conditions lying back of the decision.

Other Problems Needing Individualized Treatment

Even when a mother wishes to keep her child, situations may occur when temporary separation is necessary or desirable. She may need to return to her employment immediately if her position is not to be in jeopardy, for employment may be the best thing for her own emotional balance. Family relationships may be disrupted by her returning home with the child, yet her presence in the home may be necessary. Flexibility in dealing with such problems on a case-work basis is essential for the future welfare of the mother and child.

Another special problem is that of the mother who is herself a child. Whether or not she should be required to remain with her baby can be decided only after full understanding of her problems. The plans made for her must be suited to her years and emotional development.

Need for Social Service

There is probably general agreement that service to the unmarried mother demands the best in case-work practice, because of the complexity of the emotional and social problems involved. There should be an individualized, flexible approach to her particular problems, based on understanding and respect for her as an individual and granting to her the right to make decisions so far as they do not endanger the welfare of the child. Such an understanding approach will make it possible for every mother, regardless of her problems, to seek the services of a social agency and will prevent her from turning to persons not qualified to deal with the problem.

If agencies equipped to provide such services are available in the community, the unmarried mother will have opportunity for wise guidance at the time when she needs it most; that is, near the time of the birth of the child. She can also be provided with adequate assistance in placing the child if this is needed. Above all, any plan worked out with her should be based on an understanding of all the factors involved—physical, emotional, and social.

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NEWS AND READING NOTES

New Jersey Juvenile-Delinquency Commission issues progress report

The Progress Report submitted to the New Jersey Legislature in April 1938

by the State Juvenile-Delinquency Commission (Trenton, 1938, 89 pp. plus appendixes) shows that there was a drop of 42 percent in the number of delinquent children¹ appearing before 17 of the 21 juvenile courts in New Jersey from 1930 to 1936. The decrease was not uniform throughout the State, and it is specifically stated that the decrease in

cases before the courts does not necessarily mean that the total number of delinquents was smaller. In some of the counties showing the largest reductions substitute services had been developed extensively for the treatment of delinquency and the prevention of delinquency. The commission concludes that "the practices, status, and usefulness of the juvenile court should be examined," not only because of certain recent court decisions, but also because of the growing demand for better remedial and preventive treatment of juvenile delinquents.

¹In New Jersey the juvenile courts have jurisdiction of children under 16 years of age.

The commission also found a 43 percent decrease in the number of arrests of young persons 16 to 20 years of age in 52 New Jersey municipalities from 1930 to 1936; and a 50 percent decrease in the number of young persons arrested for serious offenses. Nevertheless, the commission finds that persons in this age group still contribute more than their share to the total number of arrests for serious offenses.

Probation and delinquency reports received The Twenty-Fourth Annual Report of the Municipal Court of Philadelphia for the Year 1937 (Philadelphia, 1938, 402 pp.) devotes its first 87 pages to a detailed report of the Juvenile Division.

Annual Report of the Probation Department of the County of Essex, State of New Jersey, for the Year Ending December 31, 1937 (Trenton, 1938, 49 pp. plus charts) notes that the same number of juveniles (362) were received from the juvenile court during 1937 as in the previous year.

Surveys of juvenile delinquency recently received include the following:

Community Treatment of Delinquency in Sangamon County, Ill., by Frank W. Hagerty. National Probation Association, New York, 1938. 153 pp.

A Survey of Juvenile Delinquency in Sedgwick County, Kans., by the Board of County Commissioners and Juvenile Court of Sedgwick County, Kans., Wichita, June 1938. 57 pp. This is a report on

a project conducted under the auspices of the Works Progress Administration.

Contributing Factors to Delinquency in Orangeburg County, by Mary B. Calvert. South Carolina Department of Public Welfare, Child-Welfare Division. 1937. 155 pp.

Delinquency Areas in Essex County Municipalities, a study prepared by the Division of Statistics and Research, New Jersey Department of Institutions and Agencies, in cooperation with Essex County Courts and Probation Department (Trenton, May 1937, 37 pp. plus maps).

Bibliography on transiency A current bibliography on the subject of transiency was issued by the Committee on Care of Transient and Homeless (1270 Sixth Ave., New York) on June 6, 1938 (Current Bibliography on Transiency—No. 3, 5 pp., mimeographed). This lists items that have appeared since the preparation of bibliography no. 2, more than a year ago.

Directory of English probation officers and probation homes "Directory of Probation Officers, Probation Homes and Hostels, Home Office Schools, and Borstal Institutions, 1938" (Home Office, London, 1938, 163 pp.; price, 3s. net) contains an introduction explaining the probation system in operation in England and the nature of Home Office schools ("approved schools" in the terminology of the Children and Young Persons Act of 1933) and Borstal institutions.

BOOK AND PERIODICAL NOTES

SPECIAL SERVICES UNDER JEWISH AUSPICES IN CHILD GUIDANCE, PROTECTIVE, AND ALLIED FIELDS. Council of Jewish Federations and Welfare Funds (165 West Forty-sixth St.), New York. May 1938. 14 pp. Mimeographed.

Material collected in preparing the 1936 Yearbook of Jewish Social Work was supplemented for this report by an inquiry conducted late in 1937, bringing the data more nearly up to date. The pamphlet gives information on the number and distribution of agencies offering specialized service, their intake policies, services provided, professional and volunteer personnel. There are several footnote references to literature on the use of volunteer services.

GROUP WORK AS AN AID TO THE TREATMENT OF JUVENILE DELINQUENCY, by Robert N. Heininger. *Probation*, vol. 16, no. 5 (June 1938), pp. 65-67, 76-78.

The differences between group work and mass recreational programs from the point of view of a planned treatment program for delinquent boys and girls are pointed out in this article, and certain guiding principles implied in the group-work process are described. These principles include emphasis upon the individualization of the group members, the use of self-direction in the guidance and stimulation of the group, promotion of habitual responses to a variety of life situations, and guidance in accepting certain objectives for the group in terms of social goals.

MAY DAY -- CHILD HEALTH DAY EXHIBITS -- 1938



A 6-months-old visitor to the infant-care exhibit, San Bernardino and Imperial Counties, Calif.



Parade of the vegetables down Health Avenue to Keep-Well Inn, prepared by pupils in the Cora B. Whitney School, Bennington, Vt.

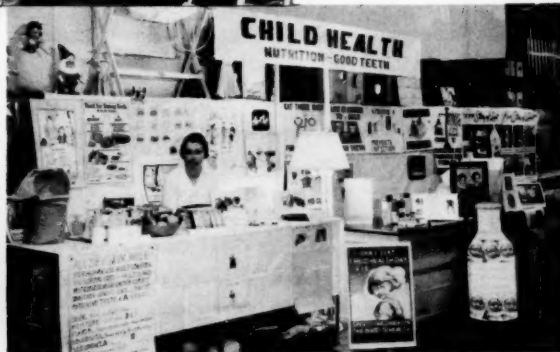


(above) Miniature playground equipment for the preschool child, made by Works Progress Administration manual-training project, San Bernardino, Calif.

(below) Infant-care traveling exhibit, San Bernardino and Imperial Counties, Calif. Layette made at Works Progress Administration sewing project; cabinets made by National Youth Administration.



Store window exhibit. Visalia, Tulare County, Calif.



Nutrition and good-teeth demonstration used as a store exhibit, Tulare County, Calif.

CONFERENCE CALENDAR

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| Aug. 15-19 | National Medical Association. Hampton, Va. | Oct. 6-10 | Second Balkan Congress for the Protection of Children. Belgrade. |
| Sept. 14-16 | National Congress of Parents and Teachers. Board meeting, Mayflower Hotel, Washington, D.C. Information: N.C.P.T., 1201 Sixteenth St., NW., Washington, D.C. | Oct. 9-13 | American Dietetic Association. Annual meeting, Milwaukee, Wis. Information: A.D.A., Room 1221, 185 North Wabash Ave., Chicago. |
| Sept. 19-22 | American Legion Convention. Los Angeles, Calif. | Oct. 24-28 | Americal Dental Association. Annual meeting, St. Louis, Mo. Information: A.D.A., 212 East Superior St., Chicago. |
| Sept. 19-23 | Seventh International Management Congress. Washington, D.C. Congress headquarters: Room 1201, 347 Madison Ave., New York. | Oct. 25-28 | American Public Health Association. Sixty-seventh annual meeting, Kansas City, Mo. Information: A.P.H.A., 50 West Fiftieth St., New York. |
| Sept. 26-30 | American Hospital Association. Annual meeting, Dallas, Tex. Information: A.H.A., 18 East Division St., Chicago. | Nov. 15-18 | Southern Medical Association. Thirty-second annual meeting, Oklahoma City, Okla. Information: C. P. Loran, Secretary-Manager, Empire Building, Birmingham, Ala. |
| Oct. 3-7 | National Recreation Congress. Twenty-third annual congress, Hotel William Penn, Pittsburgh, Pa. Information: National Recreation Association, 315 Fourth Ave., New York. | | |

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